	Number	132971 Candace Vande						nt's Form Identii umber				
Instr	uctions: Use as many c		age for EACH se	rvice (Fun and numb	uest(s) ding Request Number the completed pa	ages to as	ssure	that they are a	sting discounts.	Block 5, paç	ge1	of _33_
	_	of Service (only O						•	ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T
	Telecomr	nunications Service	O Internet Acce	ess O In	ternal Connections	16 Billing Account Number (e.g., billed telephone number) 920 674-5577 141 7						
12	Form 470	Application Nu	mber (15 digils)	57	78450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000						
13		rvice Provider						Award Date (mm/dd/yyyy)			
	Identificat	t ion Number (9 d	gits)	1430018	56	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
					İ	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002						
14	Service P	rovider Name		Amerited	:h	20 Contract Expiration Date (mm/dd/yyyy)						
21	Description This Serv			with an At	iption of the service tachment #, and no ervice - #1		_			osts, plus any r	elevant bra	and names. Label
22	Entity/Ent Receiving	ilties This Service:	this service:	Head Star	ocific (provided to or t Office - 132971 by all entities on a l					•	e entity from	m Block 4 receiving
23	Calculation		ecurring Char	aec			Non-	Recurring C	haraes		Total Cha	araec
	A	В	C C	ges D	E	F	14011-	G	H	I	J	K
(total	nly \$ charges amount per n for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual r recurring time) \$ ch	(one-	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)
	457	0	457	12	5484	0		0	0	5484	44%	2413

Entity Number Contact Person	132971 Candace Vande	rlip				nt's Form Identi umber					
Instructions: Us	se one Block 5 p		rvice (Fun and numb	uest(s) ding Request Number the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge2	of _33	
11 Category	of Service (only C	NE category should be	checked)		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T						
Telecomn	nunications Service	O Internet Acco	ess O In	ternal Connections	16 Billing Account Number (e.g., billed telephone number) 920 261-8716 925 5						
	Application Nu	mber (15 digits)	57	'8450000323389	(based on F	orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000	
13 SPIN - Sei Identificat	rvice Provider Ion Number (9 d	igits)			18 Contract			·			
	`	.	1430018	56	19a Service				07/01/2		
14 Service P	rovider Name		Amerited		19b Service l	<u> </u>	/dd/yyyy) (use only fo	or "I" or "MIM" se	rvices)	06/30/2002	
21 Description This Servi			with an Att	ption of the service achment #, and no ervice - #1				osts, plus any r	relevant bra	and names. Label	
	This Service:	this service :	Head Star	**		•		•	e entity froi	m Block 4 receiving	
23 Calculatio		ecurring Char	705	†	l Non-	·Recurring (harnes I	1	Total Cha	arnee	
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)		Funding Commitment \$ Request (IxJ)	
223	0	223	12	2676	0	0	0	2676	44%	1177	

Entity N Contact		132971 Candace Vande					nt's Form Identi umber	fler <u>CESA2 7</u> (608) 758			
	ctions: U		t Funding age for EACH se	rvice (Fun	uest(s) ding Request Number see assigned by				Block 5, paç	je3	of _33
			NE category should be					illable; use "T" if tariffed as as described in Instruc		Phone	rates (bills) = T
	Telecomn	nunications Service	O Internet Acco	ess O Ir	nternal Connections	16 Billing A	ccount Numb	oer (e.g., billed telephor	ne number)	608 2	50-5210 131 6
		Application Nu	mber (15 digits)	57	78450000323389		le Vendor Sel Form 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000
		rvice Provider				18 Contract	Award Date (mm/dd/ yy yy)			
10	Jen (III ICA)	i ion Number (9 d	igits)	1430018	56	19a Service	Start Date (mn	√dd/yyyy)		07/01/2	001
						19b Service l	End Date (mm/	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002
14 s	ervice P	rovider Name		Amerited	>h	20 Contract	Expiration D	ate (mm/dd/yyyy)			
	escription his Servi			with an At	iption of the service lachment #, and no ervice - #1			•	osts, plus any i	elevant bra	and names. Label
R		ities This Service:	this service:	Dane Cou	ecific (provided to or nty Office - 132971 by all entities on a			·	•	e entity from	m Block 4 receiving
23 C	alculatio					l	D	\\	1	T-4-1-01	
	A	В	ecurring Char C	ges D	E	F Non-	Recurring C	narges H	Ī	Total Cha	arges K
(total ar	\$ charges mount per or service)	How much of the \$ amount in (A) is ineligible?	Etigible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount	Funding Commitment \$ Request (IxJ)
1	21	0	121	12	1452	0	0	0	1452	44%	639

Entity Number Contact Person	132971 Candace Vande	rlip				nt's Form Identi umber						
Instructions: U		age for EACH se	ervice (Fun	uest(s) nding Request Num er the completed pa			sting discounts.	Block 5, pag	ge4	of _33		
FRN#			(to t	e assigned b	y administ	rator)				·		
1 .	of Service (only C						ailable; use "T" if tariffed s as described in Instruc		Phone	rates (bills) = T		
● Telecom	munications Service	O Internet Acc	ess O Ir	nternal Connections	16 Billing Account Number (e.g., billed telephone number) 608 756-3147 420 2							
12 Form 470	Application Nu	mber (15 digits)	5.	78450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000							
	rvice Provider			,04000002000		Award Date	(mm/dd/yyyy)			12/0/2000		
Identifica	tion Number (9 d	igits)	1430018	56	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
					19b Service I	End Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002		
14 Service P	rovider Name		Amerite	ch	20 Contract Expiration Date (mm/dd/yyyy)							
Descripti 21 This Serv			with an At	iption of the service tachment #, and no ervice - #1	•		•	osts, plus any i	relevant bra	and names, Label		
22 Entity/En Receiving	tities g This Service:	this service :	Janesville				,	•	·	m Block 4 receiving		
23 Calculation		nouse of the			l Non	D)h	1	T-4-1 Ob			
A	B	ecurring Char C	yes D	E	F	Recurring C	narges H	ī	Total Ch	arges K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount	Funding Commitment \$ Request (IxJ)		
226	0	226	12	2712	0	0	0	2712	44%	1193		

	Number ct Person	132971 Candace Vander	<u>ʻlip</u>				Applicar _ Phone Nu	nt's Form Identil umber	fier <u>CESA2 2</u> (608) 758-			
nstru	uctions: Us as many co		age for EACH se	rvice (Funand numbe	uest(s) Iding Request Number the completed pa	ages 1	to assure t	that they are a	sting discounts.	Block 5, pag	je5	of33
	_	of Service (only Ol				r		•	ilable; use "T" if tariffed : s as described in Instruct		Phone	rates (bills) = T
	relecomn	nunications Service	U Internet Acce	ess O In	nternal Connections				er (e.g., billed telephon			55-0743 228 5
12	Form 470	Application Nur	mber (15 digits)	57	78450000323389	ł		e Vendor Sel orm 470 filing)	ection/Contract I	Date (mm/dd/yyy	y)	12/06/2000
		rvice Provider						Award Date (mm/dd/yyyy)			
	identificat	i lon Number (9 di	gils)	1430018	56	19a	Service S	Start Date (mm	v/dd/yyyy)		07/01/2	001
						19b	Service E	nd Date (mm/	'dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002
14	Service P	rovider Name		Amerited	oh .	20	Contract	Expiration Da	ate (mm/dd/yyyy)			
21	Description This Servi	on of Ice:		with an Att	iption of the service tachment #, and no ervice - #1		_		•	osts, plus any r	elevant bra	nd names. Label
	Entity/Ent Receiving	ities This Service:	this service:	<u>Janesville</u>	**			·			e entity from	n Block 4 receiving
23	Calculatio											
	A	B	ecurring Char	ges D	F	├─	F Non-	Recurring C	narges	· · ·	Total Cha	arges K
(total	ly \$ charges amount per n for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-dis∞unt amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	recu	nnual non- urring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount		Funding Commitment \$. Request (1xJ)
	50	0	50	12	600		0	0	0	600	44%	264

Entity Number Contact Person	132971 Candace Vande	rlip				nt's Form Identi umber						
nstructions: Us Make as many c	Discount se one Block 5 pa opies of this pag	age for EACH se	rvice (Fun	uest(s) ding Request Numl er the completed pa	ber) for which y	you are reque that they are	sting discounts.	Block 5, pag	ge6	of33		
FRN#			(to b	e assigned by								
	of Service (only O		_	Ì			ailable; use "T" if tariffed s as described in Instruc		Phone	rates (bills) = T		
• releconin	nunications Service	O Internet Acce	ess Oir	iternal Connections	16 Billing Account Number (e.g., billed telephone number) 920 674-0666 659 1							
	Application Nu	mber (15 digits)	57	78450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000							
13 SPIN - Se					18 Contract Award Date (mm/dd/yyyy)							
identificat	i lon Number (9 d	igits)	1430018	56	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002							
14 Service P	rovider Name		Amerited	>h	20 Contract Expiration Date (mm/dd/yyyy)							
21 Description This Serv			with an At	iption of the service tachment #, and no ervice - #1				osts, plus any i	elevant bra	and names. Label		
22 Entity/Ent Receiving	ities This Service:	this service :	Head Star	ecific (provided to or t_Office - 132971 by all entities on a l			•	•	·	m Block 4 receiving		
23 Calculation	ns											
A		ecurring Char				Recurring C			Total Cha			
	B How much of the \$	C Eligible monthly	D # of	E Annual pre-discount \$	F Annual non-	G How much of	II Annual eligible pre-	I Total program	y discount	K Funding Commitment \$		
(total amount per	amount in (A) is	pre-discount	months	amount for eligible		the \$ amount in	• .	year pre-discount	% discount	Request		
month for service)	ineligible?	amount (A minus B)	service provided in program year	recurring charges (C x D)	time) \$ charges	(F) is ineligible?	for one-time charges (F minus G)	\$ amount (E + H)	Block 4 Worksheet)	(1xJ)		
48	0	48	12	576	0	0	0	576	44%	253		

Contact I		132971 Candace Vande	dip				nt's Form Identi umber				
Instruc	tions: Us s many c	se one Block 5 pa		rvice (Fun and numb	uest(s) ding Request Number the completed pa	iges to assure	that they are a	sting discounts.	Block 5, paç	je7	of33
11 C	ategory	of Service (only 0	NE category should be	checked)			•	ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T
•	Telecomn	nunications Service	O Internet Acce	ess O In	ternal Connections			per (e.g., billed telephon		920 5	63-8306 623 1
		Application Nu	mber (15 digits)	57	78450000323389		le Vendor Sel orm 470 filing)	ection/Contract i	Date (mm/dd/yyy	у)	12/06/2000
		rvice Provider t ion Number (9 d	aito)			18 Contract	Award Date (mm/dd/yyyy)			
,,,	on moat	ion Humber (90	yns)	1430018	56	19a Service	Start Date (mm	vdd/yyyy)		07/01/2	001
						19b Service E	end Date (mm/	'dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002
14 S	ervice P	rovider Name		Amerited	ch	20 Contract	Expiration D	ate (mm/dd/yyyy)			
-21	escriptio			with an At	iption of the service tachment #, and no ervice - #1				osts, plus any i	relevant bra	and names. Label
R		ities This Service:	this service :	Fort Atkins	ocific (provided to or son Office - 13297 by all entities on a l	1	•		-	·	m Block 4 receiving
23 C	alculatio		nouseina Char			l Non	Deauwing C	`horas	.	Tatal Ob	
	A	В	ecurring Char C	ges D	E	F	Recurring C	H	I	Total Cha	K K
(total arr	\$ charges nount per or service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)
9)1	0	91	12	1092	0	0	0	1092	44%	480

Entity Number Contact Person	132971 Candace Vande	rlip				int's Form Identi umber						
Instructions: Us	se one Block 5 p		rvice (Fun and numb	uest(s) ding Request Numl er the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge8	of33		
_		NE calegory should be				•	ailable; use "T" if tariffed s as described in Instruct	<u>-</u>	Phone	rates (bills) = T		
● Telecomn	nunications Service	O Internet Acco	ess O Ir	nternal Connections	16 Billing A							
12 Form 470	Application Nu	mber (15 digits)	57	78450000323389		le Vendor Sel orm 470 filing)	lection/Contract	Date (mm/dd/yyy	y)	12/06/2000		
l .	rvice Provider				18 Contract	Award Date	(mm/dd/yyyy)					
Identificat	i lon Number (9 d	igils)	1430018	56	19a Service	St art Date (mn	n/dd/yyyy)		07/01/2	001		
					19b Service l	End Date (mm.	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002		
14 Service P	rovider Name		Amerited	ch .	20 Contract	Expiration D	ate (mm/dd/yyyy)					
Description 21 This Servi			with an At	iption of the service tachment #, and no ervice - #1			•	osts, plus any i	relevant bra	and names. Label		
22 Entity/Ent Receiving	ities This Service:	this service :	Janesville	ecific (provided to or Office - 132971 by all entities on a		•	•	•	·	m Block 4 receiving		
23 Calculation						D	Nh a www a		Tatal Ob			
A	В	ecurring Char C	ges D	E	F Non-	Recurring C	narges H	I	Total Cha	arges K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Etigible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount (from Block 4 Worksheet)			
203	0	203	12	2436	o	0	0	2436	44%	1072		

-	Number ct Person	132971 Candace Vande	rllp				ant's Form Identi Number					
instru	uctions: Us as many c	se one Block 5 pa	•	rvice (Fun and numb	uest(s) ding Request Number the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge9	of33	
11	Category	of Service (only O	NE category should be	checked)			•	ilable; use "T" if tariffed as described in Instruct	•	Phone	rates (bills) = T	
•	Telecomn	nunications Service	O Internet Acce	ess O In	ternal Connections			oer (e.g., billed telephor		053	172 6237 001	
12	Form 470	Application Nu	mber (15 digils)	57	78450000323389		ole Vendor Sel Form 470 filing)	ection/Contract	Date (mm/dd/yyy	у)	12/06/2000	
		rvice Provider tion Number (9 d	:-i4-1			18 Contrac	t Award Date (mm/dd/yyyy)				
	identiniça:	non mumber (90	gusj	1430011	92	19a Service	Start Date (mm	v/dd/yyyy)		07/01/2	001	
						19b Service	End Date (mm	dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002	
14	Service P	rovider Name		AT&T		20 Contract Expiration Date (mm/dd/yyyy)						
21	Description			with an At	iption of the service tachment #, and no ervice - #1			•	osts, plus any r	elevant bra	and names. Label	
		This Service:	this service :	Dane Cou	cific (provided to or nty Office - 132971 by all entities on a l					·	m Block 4 receiving	
23	Calculatio		ecurring Char	nes.		l Non	-Recurring C	harges		Total Cha	arnes	
	A	В	С	D	E	F	G	Н	I	J	K	
(total	ly \$ charges amount per for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
	180	0	180	12	2160	0	o	0	2160	44%	950	

Category of Service (only ONE category should be checked) Phone rates (bills) = T									1			Ì		
Telecommunications Service O Internet Access O Internal Connections 16 Billing Account Number (a g, billed delephone number) 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) 18 Contract Award Date (mm/dd/yyyy) 19 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 19 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 10 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 10 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 10 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 10 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 11 Service 12 Description of This Service: 13 If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 13 Service: 14 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 15 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 16 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 17 Or/01/2001 18 Contract Expiration Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 19 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 19 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 10 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 10 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 10 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 10 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 11 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 12 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 13 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 14 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 15 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 16 Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 17 Service End Date (
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Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.							ber) for	which v	ou are reques		Biock 5, paç	Je 10	01 <u>_</u> 35	
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.	Blo	ck 5:	Discount	Funding	n Rea	ueet(e)					Plack 5 nos	ıo 10	of 22	
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.									· · · · · · · · · · · · · · · · · · ·					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.	Contact			ilp				• •						
Contact PersonCandace Vanderlip		lumber	132971											

Entity Number Contact Person	132971 Candace Vande	rllp				nt's Form Identi umber				
Instructions: U		age for EACH se	rvice (Fun and numb	uest(s) ding Request Numl er the completed pa be assigned by	ages to assure	that they are	sting discounts.	Block 5, pag	ge11	of33
11 Category	of Service (only 0	NE category should be	checked)				ailable; use "T" if tariffed s as described in Instruc		Phone	rates (bills) = T
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	rvice Provider				18 Contract	Award Date	(mm/dd/yyyy)			
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					19b Service E	End Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	ervices)	06/30/2002
14 Service P	rovider Name		Centuryt	el	20 Contract	Expiration D	ate (mm/dd/yyyy)			
21 Description This Serv			with an At	iption of the service tachment #, and no ervice - #1	. •		•	osts, plus any i	relevant bra	and names. Label
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A	В	ecurring Char C	ges D	E	F F	Recurring C	narges H	I	Total Ch	arges K
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231	0	231	12	2772	0	0	, 0	2772	44%	1220

Entity Number Contact Person _	132971 Candace Vande	erlip			Applica Phone N	nt's Form Identi umber	fler <u>CESA2</u> (608) 758			
nstructions:	Discoun Jse one Block 5 p copies of this pag	age for EACH se	rvice (Fun and numb	uest(s) ding Request Number the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge12	of33
	y of Service (only (DNE category should be		**************	15 Contract	Number (if ava	ailable; use "T" if tariffed s as described in Instruc		Phone	rates (bills) = T
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12 Form 47	0 Application Nu	imber (15 digits)	57	78450000323389	17 Allowabl		lection/Contract		y)	12/06/2000
	ervice Provider				18 Contract	Award Date	(mm/dd/yyyy)			
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					19b Service E	End Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002
14 Service	Provider Name		Centuryt	el	20 Contract	Expiration D	ate (mm/dd/yyyy)			
21 Descript This Ser			with an At	iption of the service tachment #, and no ervice - #1	-		•	osts, plus any	relevant bra	and names. Label
22 Entity/E Receivir	ntities ig This Service:	this service :	Milton Of			•	•		e entity fro	m Block 4 receiving
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218	0	218	12	2616	0	0	0	2616	44%	1151

Entity Number Contact Person	132971 Candace Vande	rlip				nt's Form Identi umber					
instructions: U	se one Block 5 pa		rvice (Fun and numb	uest(s) ding Request Numl er the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge13	of33	
		NE category should be	checked)		15 Contract	Number (if ava	ailable; use "T" if tariffed s as described in Instruc	•	Phone	rates (bills) = T	
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	rvice Provider	:_:4_3			18 Contract Award Date (mm/dd/yyyy)						
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					19b Service 8	E nd Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002	
14 Service P	rovider Name		Century	el	20 Contract	Expiration D	ate (mm/dd/yyyy)				
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22 Entity/En Receiving	ilties This Service:	this service:	Head Star	ecific (provided to or 1_Office - 132971 by all entities on a l		_			·	m Block 4 receiving	
23 Calculatio		ecurring Char	ges		Non-	·Recurring (Charges		Total Cha	arges	
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81						0	0	972	44%	428	

	Number	132971 Candace Vander	dip				Applica _ Phone No	nt's Form Identii umber	(608) 758				
Instr	uctions: Us as many c	se one Block 5 pa	•	rvice (Fun and numb	uest(s) ding Request Number the completed pa	ages	to assure	that they are a	sting discounts.	Block 5, pag	je14	of33	
11	Category	of Service (only O	NE category should be	checked)		i		•	ilable; use "T" if tariffed : as described in Instruct	•	Phone	rates (bills) = T	
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		Application Nu	mber (15 digits)	57	78450000323389	17		e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/6/2000	
13		rvice Provider	-:			18 Contract Award Date (mm/dd/yyyy)							
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14	Service P	rovider Name	N	ic Leod U	SA	20	Contract	Expiration Da	ate (mm/dd/yyyy)				
21	Description This Servi			with an At	iption of the service tachment #, and no ervice - #1		•		•	osts, plus any r	elevant bra	nd names. Label	
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23	Calculation					1				1			
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(total	A B C D E Ionthly \$ charges total amount per nonth for service) How much of the \$ Eligible monthly						nnual non- urring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (! x J)	
	157	0	157	12	1884		O	0	0	1884	44%	829	

Entity Number	132971				Ар	olicant's Form ide	ntifier <u>CESA2</u>	2002 1A			
Contact Person	Candace Vande	rlip			Pho	ne Number	(608) 758	1-6232			
Instructions: I Make as many FRN # 11 Categor		age for EACH se e as necessary, 	rvice (Fun and numb (to b checked)	ding Request Numler the completed pa	ages to ass y admin 15 Contr "MTM" ii	ure that they ar istrator) act Number (il nonth-to-month servi	e all processed cor available; use "T" if tariffed ces as described in Instruc	services,		rates (bills) = T	
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	0 Application Nu	mber (15 digits)	57	78450000323389		rable Vendor S on Form 470 filing	election/Contract	Date (mm/dd/yy)	⁄y) 	12/06/2000	
	ervice Provider				18 Contr	act Award Dat	e (mm/dd/yyyy)				
Identific	ation Number (9 d	igns)	1430011	17	19a Servi	ce Start Date (mm/dd/yyyy)		07/01/2	001	
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002						
14 Service	Provider Name		Powerco	m	20 Contr	act Expiration	Date (mm/dd/yyyy)				
21 Descript This Ser			with an At	iption of the service lachment #, and no ervice - #1			•	costs, plus any	relevant bra	and names. Label	
	g This Service:	this service :	Milton Offi		· · · · · · · · · · · · · · · · · · ·		,		·	m Block 4 receiving	
23 Calculat											
A	R I B	ecurring Char C	ges D	E	F	on-Recurring G	Charges	l I	Total Cha	arges K	
Monthly \$ charges (total amount per month for service	How much of the \$ amount in (A) is	Eligible monthly pre-discount amount	# of months service	Annual pre-discount \$ amount for eligible recurring charges	Annual no recurring (o time) \$ char	n- How much one- the \$ amount	f Annual eligible pre- in discount \$ amount e? for one-time charges	Total program year pre-discount \$ amount	Block 4	Funding Commitment \$ Request (IxJ)	
		(A minus B)	provided in program year	(C x D)			(F minus G)	(E + H)	Worksheet)		
100	0	100	12	1200	0	0	0	1200	44%	528	

Entity Number Contact Person	132971 Candace Vande	rlip				nt's Form Identi umber						
instructions: Us		age for EACH se	rvice (Fun and numb	uest(s) ding Request Number the completed pa	iges to assure	that they are	sting discounts.	Block 5, pag	ge16	of33		
	of Service (only O					•	ilable; use "T" if tariffed s as described in Instruct		Phone	rates (bills) = T		
Telecomn	nunications Service	O Internet Acce	ess O Ir	nternal Connections	16 Billing A	ccount Numb	oer (e.g., billed telephor	ne number)		16485		
	Application Nu	mber (15 digits)	57	78450000323389		e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000		
	rvice Provider				18 Contract Award Date (mm/dd/yyyy)							
Identilicat	tion Number (9 d	igits)	1430011	17	19a Service	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
					19b Service E	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002						
14 Service P	rovider Name		Powerco	m	20 Contract	Expiration D	ate (mm/dd/yyyy)					
Description 21 This Serv	on of lce:		with an At	iption of the service tachment #, and no ervice - #1	_		•	osts, plus any i	elevant bra	and names. Label		
	titles 7 This Service:	this service :	Head Star	ecific (provided to or 1 Office - 132971 by all entities on a E		•			·	m Block 4 receiving		
23 Calculation		i Ob			A1	D			T 4-1-01			
A	B	ecurring Char	ges D	E	Non-	Recurring C	narges H	ī	Total Cha	arges K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?		# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
37	0	37	12	444	0	0	0	444	44%	195		

Entity Number Contact Person		rlip					nt's Form Identil umber					
Instructions:		age for EACH se	rvice (Fun and numb	uest(s) ding Request Number the completed page be assigned by	ages t	o assure	that they are a	sting discounts.	Block 5, pag	je17	of33	
	ry of Service (only C						•	ilable; use "T" if tariffed as described in Instruct	•	Phone	rates (bills) = T	
● Teleco	mmunications Service	O Internet Acc	ess O Ir	nternal Connections				er (e.g., billed telephor			16486	
	70 Application Nu	mber (15 digits)	57	78450000323389			e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	у)	12/06/2000	
	Service Provider cation Number (9 d	E_1s_x			18 (18 Contract Award Date (mm/dd/yyyy)						
ideritiii	ation ivaliber (90	igns)	1430011	17	19a	Service S	Start Date (mm	/dd/yyyy)		07/01/2	001	
w.,					19b 9	Service E	nd Date (mm/	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002	
14 Service	Provider Name		Powerco	m	20 (Contract	Expiration D	ate (mm/dd/yyyy)				
21 Descrip This Se			with an At	iption of the service tachment #, and no ervice - #1	-	-		•	osts, plus any r	elevant bra	and names. Label	
	ng This Service:	this service :	Head Star	ecific (provided to o 1 Office - 132971 by all entities on a							n Block 4 receiving	
23 Calcula		oourring Char			1	Non	Decurring C	·harman I		Total Cha		
A	В	ecurring Char C	ges D	E		F	Recurring C	II	ī	J	K K	
(total amount po	Ionithly \$ charges total amount per nonth for service) How much of the \$ Eligible monthly pre-discount months amount for eligible? Ineligible? Eligible monthly # of months amount for eligible? Annual pre-discount months amount service provided in program year						the \$ amount in	Annual eligible pre- discount \$ arnount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
41	o	41	12	492		0	0	0	492	44%	216	

	Number oct Person	132971 Candace Vande	rlip				nt's Form Identi umber						
Instr	uctions: Us as many c	se one Block 5 pa		rvice (Fun and numb	uest(s) ding Request Number the completed pa	iges to assure	that they are	sting discounts.	Block 5, paç	je18	of33		
	_		NE category should be				•	ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T		
	Telecomn	nunications Service	O Internet Acco	ess O In	ternal Connections	16 Billing A	ccount Numb	er (e.g., billed telephor	ne number)		16487		
12		Application Nu	mber (15 digits)	57	78450000323389		e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000		
13		vice Provider ion Number (9 d	in ital			18 Contract Award Date (mm/dd/yyyy)							
	Identificat	ion iadilipet (a 0	igits)	1430011	17	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
						19b Service 6	End Date (mm/	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002		
14	Service P	ovider Name		Powerco	m	20 Contract	Expiration D	ate (mm/dd/yyyy)					
21	Description This Servi			with an At	iption of the service tachment #, and no ervice - #1			•	osts, plus any r	elevant bra	nd names. Label		
22	Entity/Ent Receiving	ities This Service:	this service :	Head Star	ecific (provided to or t Office - 132971 by all entities on a l		-			·	m Block 4 receiving		
23	Calculatio		ecurring Char	ges		Non-	Recurring C	harges		Total Cha	arges		
	A	В	C	D	E	F	G	H	I	J	K		
(total	nly \$ charges I amount per In for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
	37	0	37	12	444	0	0	0	444	44%	195		

	Number ct Person	132971 Candace Vande	dip				cant's Form Identi Number					
Instru	uctions: U as many d		age for EACH se	rvice (Fun and numb	uest(s) ding Request Numl er the completed pa e assigned by	ages to assu	re that they are	sting discounts.	Block 5, pag	ge19	of33	
		of Service (only O					•	ailable; use "T" if tariffed s as described in Instruct	•	Phone	rates (bills) = T	
(● Telecomr	nunications Service	O Internet Acce	ess O In	ternal Connections	16 Billing	Account Numl	oer (e.g., billed telephor	ne number)		16488	
12	Form 470	Application Nu	mber (15 digits)	57	78450000323389		ble Vendor Se n Form 470 filing)	lection/Contract	Date (mm/dd/yyy	y)	12/06/2000	
		rvice Provider				18 Contract Award Date (mm/dd/yyyy)						
	rdentilica	t ion Number (9 d	gits)	1430011	17	19a Servic	e Start Date (mr	n/dd/yyyy)		07/01/2	001	
						19b Service	End Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	orvices)	06/30/2002	
14	Service P	rovider Name		Powerco	m	20 Contra	ct Expiration D	ate (mm/dd/yyyy)				
21	Description This Serv	on of ice:		with an At	iption of the service tachment #, and no ervice - #1	_		•	osts, plus any i	relevant bra	and names. Label	
	Entity/Ent Receiving		this service :	Head Star	ecific (provided to or t Office - 132971 by all entities on a f		_	,		e entity fro	m Block 4 receiving	
23	Calculation						_					
	Α	B R	curring Char	ges D	Ē	No F	n-Recurring C	Charges II	ī	Total Cha	arges K	
(total	ly \$ charges amount per for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount		
	122	0	122	12	1464	0	0	0	1464	44%	644	

Entity Number Contact Perso		rlip			Applica Phone N	nt's Form identi umber	fler <u>CESA2 2</u> (608) 758				
instructions	5: Discoun : Use one Block 5 p ny copies of this pag	age for EACH se	ervice (Fun and numb	ding Request Num	ages to assure	that they are	sting discounts.	Block 5, pag	ge20	of _33	
_	ory of Service (only (•	ailable; use "T" if tariffed s as described in Instruc	•	Phone	rates (bills) = T	
Telec	ommunications Service	O Internet Acc	ess O Ir	nternal Connections	16 Billing A	ccount Numb	oer (e.g., billed telephor	ne number)		16489	
12 Form	170 Application Nu	mber (15 digits)	5	78450000323389		le Vendor Sel orm 470 filing)	lection/Contract	Date (mm/dd/yy)	ry)	12/06/2000	
	Service Provider				18 Contract Award Date (mm/dd/yyyy)						
identii	ication Number (9 o	figits)	1430011	17	19a Service	Start Date (mn	n/dd/yyyy)		07/01/2	001	
					19b Service I	End Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	ervices)	06/30/2002	
14 Servic	e Provider Name		Powerco	m	20 Contract	Expiration D	ate (mm/dd/yyyy)				
1 21	ption of ervice:		with an At	iption of the service tachment #, and no ervice - #1	_		•	osts, plus any i	relevant bra	and names. Label	
_	Entities ring This Service:	this service:	Salem O			,	·	•	e entity fro	m Block 4 receiving	
23 Calcul						D	N.	1	T 4 1 01		
A	B	ecurring Char C	ges D	E	F Non-	Recurring C	ਮ ਸ	I	Total Cha	arges K	
Monthly \$ char (total amount) month for servi	ges How much of the \$ per amount in (A) is		# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount	Funding Commitment \$ Request (IxJ)	
138	0	138	12	1656	0	0	0	1656	44%	729	

Entity Number Contact Person	132971 Candace Vande	rlip				nt's Form Identi umber					
Instructions: Us	se one Block 5 pa		rvice (Fun and numb	uest(s) ding Request Numl er the completed pa e assigned by	ages to assure y administ	that they are a	sting discounts. all processed corr		ge21	of _33	
		NE category should be					ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T	
Telecomn	nunications Service	O Internet Acce	ess O In	ternal Connections	16 Billing A	ccount Numb	oer (e.g., billed telephor	ne number)		16490	
12 Form 470	Application Nu	mber (15 digils)	57	78450000323389		e Vendor Sel orm 470 f iling)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000	
13 SPIN - Se					18 Contract		mm/dd/yyyy)				
Identificat	ion Number (9 d	igits)	1430011	17	19a Service	Start Date (mm	v/dd/yyyy)		07/01/2	001	
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002						
14 Service P	rovider Name		Powerco	m	20 Contract	Expiration D	ate (mm/dd/yyyy)				
Description 21 This Servi			with an At	iption of the service tachment #, and no ervice - #1			•	osts, plus any i	relevant bra	and names. Label	
	This Service:	this service :	Janesville			·			e entity from	m Block 4 receiving	
23 Calculation		ecurring Char	700		l Non	Recurring C	harans		Total Cha		
A	В	C C	D	E	F	G	H	I	J	K K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
51	0	51	12	612	0	0	0	612	44%	269	

	Number ct Person	132971 Candace Vande	rlip					nt's Form Identii umber				
Instru	uctions: Us as many c		age for EACH se	rvice (Fun and numb	uest(s) ding Request Numl er the completed pa e assigned by	ages to	assure	that they are a	sting discounts.	Block 5, pag	je22	of33
		of Service (only O	· ·	•				•	ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T
	Telecomn	nunications Service	O Internet Acc	ess O In	ternal Connections	16 Bi	lling Ad	count Numb	er (e.g., billed telephor	ne number)		16491
		Application Nu	mber (15 digits)	57	78450000323389			e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000
13		rvice Provider ion Number (9 d	aite)			18 Contract Award Date (mm/dd/yyyy)						
	.aom.nou		gns)	1430011	17	19a Service Start Date (mm/dd/yyyy) 07/01/2001						001
						19b Se	rvice E	nd Date (mm/	dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002
14	Service P	rovider Name		Powerco	m	20 Cc	ontract	Expiration D	ate (mm/dd/yyyy)			
21	Description This Serv	on of ice:		with an At	iption of the service tachment #, and no ervice - #1		-			osts, plus any r	elevant bra	ind names. Label
22		ities This Service:	this service :	Dane Cou	cific (provided to or inty Office - 132971 by all entities on a l			·	•		e entity from	n Block 4 receiving
23	Calculation		ecurring Char	aoc		1	Non-	Recurring C	harase		Total Cha	1.000
	A	В	C C	ges D	E	F		G	H	I	J	K K
(total	Annual pre-discount nonth for service) How much of the \$ Eligible monthly pre-discount amount for eligible? Annual pre-discount months amount service (A minus B) provided in program year						-, .	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)		% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1xJ)
	17	0	12	204	()	0	0	204	44%	90	

Entity Number Contact Person _	132971 Candace Vande	rlip				nt's Form Identi umber				
Instructions: L		age for EACH se	rvice (Fundand number	uest(s) ding Request Number the completed pa	ages to assure	that they are a	sting discounts.	Block 5, pag	ge23	of33
11 Category	of Service (only O	NE category should be	•		15 Contract	Number (if ava	ilable; use "T" if tariffed as described in Instruct	•	Phone	rates (bills) = T
Telecom	munications Service	O Internet Acco	ess O In	iternal Connections			per (e.g., billed telephon			17526
12 Form 470	Application Nu	mber (15 digits)	57	78450000323389		e Vendor Sel form 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000
	ervice Provider				18 Contract	Award Date (mm/dd/yyyy)			
IGentine	ition Number (9 d	igits)	1430011	17	19a Service Start Date (mm/dd/yyyy) 07/01/2001					
			·		19b Service I	End Date (mm/	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002
14 Service F	Provider Name		Powerco	m	20 Contract	Expiration D	ate (mm/dd/yyyy)			
21 Description This Serv	/ice:	You MUST attact this description Attachment #_	with an Att		omponents and co i below.	osts, plus any r	elevant bra	and names. Label		
	g This Service:	this service:	Janesville	ocific (provided to or Office - 132971 by all entities on a E		-			·	m Block 4 receiving
23 Calculati		a - territor a Obar			l Non	Danissing C	\Lauman		Tatal Oba	
A	В	ecurring Char C	ges D	E	F	Recurring C	narges H	I	Total Cha	arges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)
16	0	16	12	192	0	0	0	192	44%	84

	Number ct Person	132971 Candace Vande	rlip				nt's Form identi umber					
Instru	as many c		age for EACH se	rvice (Fun and numb	uest(s) ding Request Numl er the completed pa e assigned by	ages to assure	that they are	sting discounts.	Block 5, pag	ge24	of _33_	
11	Category	of Service (only O	NE category should be	checked)			•	ilable; use "T" if tariffed		Phone	rates (bills) = T	
(Telecomn	nunications Service	O Internet Acco	ess O In	ternal Connections			oer (e.g., billed telephor		3	60004725	
12	Form 470	Application Nu	mber (15 digits)	5	78450000323389		le Vendor Sel Form 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000	
		rvice Provider			0430000020003		Award Date	mm/dd/yyyy)			12/00/2000	
	Identificat	ion Number (9 d	gils)	1430010	44	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
						19b Service I	End Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002	
14	Service P	rovider Name		US Cellu	lar	20 Contract	Expiration D	ate (mm/dd/yyyy)				
71	Description This Serv	on of ice:		with an At	iption of the service tachment #, and no ervice - #1			•	osts, plus any i	elevant bra	and names. Label	
		ities This Service:	this service :	Milton Offi			_		-	·	m Block 4 receiving	
23	Calculatio		sameine Char			Nan	Decumina C	Sharran I		Total Ob		
	A	В	ecurring Char C	yes D	E	F	Recurring C	H	I	Total Cha	arges K	
(total	ly \$ charges amount per for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1xJ)	
	900	0	900	12	10,800	0	0	0	10,800	44%	4752	

	Number oct Person	132971 Candace Vande	rlip				nt's Form Identi umber						
Instr	uctions: Use as many o		age for EACH se	rvice (Fun and numb	uest(s) ding Request Numl er the completed pa	iges to assure	that they are	sting discounts.	Block 5, paç	je <u>25</u>	of33		
11	Category	of Service (only 0	NE category should be	checked)			•	nilable; use "T" if tariffed s as described in Instruct		Phone	rates (bills) = T		
	Telecomr	nunications Service	O Internet Acco	ess Oir	ternal Connections	16 Billing Account Number (e.g., billed telephone number) 166708279500280900							
		Application Nu	mber (15 digits)	57	78450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/6/2000							
13		rvice Provider tion Number (9 d	inite)			18 Contract Award Date (mm/dd/yyyy)							
		1001 100111001 100	igits)	1	43004791	19a Service	Start Date (mm	n/dd/yyyy)		07/01/2	001		
						19b Service E	End Date (mm/	(dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002		
14	Service P	rovider Name	Verizon	North Inc	corporated	20 Contract	Expiration D	ate (mm/dd/yyyy)					
21	Description	ice:		with an At	iption of the service tachment #, and no ervice - #1	_		•	osts, plus any r	elevant bra	and names. Label		
22	Entity/Ent Receiving	tities This Service:	this service :	Salem Off			·			e entity from	m Block 4 receiving		
23	Calculatio		ecurring Char	goc	•	Non	Recurring C	harans		Total Cha			
	A	В	C	D	E	F	G	H	I	J	K K		
(total	Annual pre-discount monthly amount per ineligible? Eligible monthly # of months amount for eligible amount in (A) is ineligible? Annual pre-discount months amount for eligible recurring charges provided in program year				J 1	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	•	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1xJ)			
	192	0	192	12	2304	0	0	0	2304	44%	1014		

	Number	132971					nt's Form Identi						
Contac	ct Person	Candace Vande	rlip	<u></u>		Phone N	umber	_(608) 758	-6232				
Instru	uctions: Us as many c	se one Block 5 pa		rvice (Fun and numb	uest(s) ding Request Number the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge26	of33		
11	Category	of Service (only 0	NE category should be	checked)			*	ailable; use "T" if tariffed s as described in Instruct	•	Phone	rates (bills) = T		
(Telecomn	nunications Service	O Internet Acco	ess O Ir	nternal Connections	16 Billing Account Number (e.g., billed telephone number) 166840270217696800							
12	Form 470	Application Nu	mber (15 digits)	57	78450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/6/2000							
		rvice Provider				18 Contract Award Date (mm/dd/yyyy)							
	Identificat	i lon Number (9 d	igits)	14	43004791	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
						19b Service 8	ind Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002		
14	Service P	rovider Name	Verizon	North Inc	corporated	20 Contract	Expiration D	ate (mm/dd/yyyy)					
	Description This Servi	on of Ice:		with an At	iption of the service tachment #, and no ervice - #1				osts, plus any i	elevant bra	and names. Label		
	Entity/Ent Receiving	ities This Service:	this service :	Head Star			•			-	m Block 4 receiving		
23	Calculatio		ootering Char			l Non	Decumina 6	Sharman I		Total Ob			
	A	В	ecurring Char C	ges D	E	F INOII-	Recurring C	H H	I	Total Cha	arges K		
(total	onthly \$ charges How much of the \$ Eligible monthly # of Annual pre-discount ontal amount per amount in (A) is pre-discount months amount for eligible				Annual pre-discount \$ amount for eligible recurring charges	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
	99	0	99	12	1188	0	0	0	1188	44%	523		

Entity Number Contact Person	132971 Candace Vande	rlip			Applica Phone N	nt's Form Identi umber	fler <u>CESA2 2</u> (608) 758				
Instructions: ∪	se one Block 5 p	t Funding age for EACH se e as necessary,	rvice (Fun and numb	uest(s) Iding Request Numl or the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge27	of _33	
		ONE category should be				•	ailable; use "T" if tariffed s as described in Instruc	•	Phone	rates (bills) = T	
● Telecom	nunications Service	O Internet Acco	ess O Ir	nternal Connections	16 Billing Account Number (e.g., billed telephone number) 166820271422166104						
12 Form 470	Application Nu	mber (15 digits)	57	78450000323389		e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/6/2000	
	rvice Provider				18 Contract Award Date (mm/dd/yyyy)						
identilica	tion Number (9 d	igits)	14	43004791	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
					19b Service I	nd Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002	
14 Service P	rovider Name	Verizon	North Inc	corporated	20 Contract	Expiration D	ate (mm/dd/yyyy)				
Description 21 This Serv			with an At	iption of the service tachment #, and no ervice - #1	•		•	osts, plus any r	relevant bra	and names. Label	
	This Service:	this service :	Head Star			•	ŕ		·	m Block 4 receiving	
23 Calculation		oourring Char			l Non	Decumina (\ha===== !		Total Ob		
A	В	ecurring Char C	ges D	E	F	Recurring C	H	I	Total Cha	rges K	
Monthly \$ charges (total amount per month for service)	Ionthly \$ charges How much of the \$ Eligible monthly # of Annual pre-discount total amount per amount in (A) is pre-discount months amount for eligible					the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)		Funding Commitment \$ Request (IxJ)	
178 0 178 12 2136			0	0	0	2136	44%	940			

	Number ct Person	132971	di				icant's Form Ident						
COIIL	ct reison	Candace Vande	<u> </u>			Phon	e Number	(608) 758	-6232				
Instru	uctions: Us	se one Block 5 pa		rvice (Fun	Uest(s) ding Request Numl er the completed pa			sting discounts.	Block 5, pag	je28	of _33_		
FRN	I#			(to b	e assigned by	y admini	strator)						
	_		NE category should be	checked)		15 Contri	ict Number (if av	ailable; use "T" if tariffed s as described in Instruc		Phone	rates (bills) = T		
	Telecomn	nunications Service	O Internet Acce	ess O In	ternal Connections	16 Billing Account Number (e.g., billed telephone number) 166820279514098508							
		Application Nu	mber (15 digits)	57	78450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/6/2000							
		vice Provider				18 Contre	ct Award Date	(mm/dd/yyyy)					
	Identificat	ion Number (9 di	gits)	14	43004791	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
						19b Servic	e End Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002		
14	Service P	ovider Name	Verizon	North Inc	orporated	20 Contra	et Expiration D	late (mm/dd/yyyy)					
21	Description This Servi	on of ice:		with an At	iption of the service tachment #, and no ervice - #1			•	osts, plus any i	relevant bra	and names. Label		
22	Entity/Ent Receiving	ities This Service:	this service :	Salem Of			•		-	·	m Block 4 receiving		
23	Calculatio						_		1				
	A	B	ecurring Char		E	F	on-Recurring (Charges H	I	Total Cha	arges K		
(total	A B C D E Ithly \$ charges How much of the \$ Eligible monthly amount in (A) is ineligible? Eligible monthly amount for eligible Eligible monthly # of months amount for eligible Ferriman Ferrima					Annual nor recurring (or	- How much of e- the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount	Funding Commitment \$ Request (IxJ)		
	125	0	125	12	1500	0	0	0	1500	44%	660		

	Number oct Person	132971 Candace Vande	rlip				nt's Form Identi umber						
Instr	uctions: Us as many c		age for EACH se	rvice (Fun and numb	uest(s) ding Request Numl er the completed pa we assigned by	ages to assure	that they are	sting discounts.	Block 5, pag	ge29	of _33		
11	Category	of Service (only 0	NE category should be	checked)			-	illable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T		
	Telecomr	munications Service	O Internet Acco	ess O Ir	ternal Connections			oer (e.g., billed telephor		16677	5273924112703		
		Application Nu	mber (15 digits)	57	78450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/6/2000							
13		rvice Provider tion Number (9 d	(aita)			18 Contract Award Date (mm/dd/yyyy)							
	idoninica:	non iadiiibai (ad	igiis)	14	43004791	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
						19b Service (nd Date (mm/	'dd/yyyy) (use only fo	r "T" or "MTM" se	ervices)	06/30/2002		
14	Service P	rovider Name	Verizon	North Inc	orporated	20 Contract	Expiration D	ate (mm/dd/yyyy)					
21	Description This Serv			with an At	iption of the service tachment #, and no ervice - #1			•	osts, plus any i	relevant bra	and names. Label		
22		This Service:	this service:	Dane Cou						·	m Block 4 receiving		
23	Calculation		ecurring Char	400		Non	Recurring C	haraea		Total Cha			
	A	В	C C	D	E	F	G	H H	I	J	K K		
(total	hthy \$ charges How much of the \$ Eligible monthly # of Annual pre-discount all amount per amount in (A) is pre-discount months amount for eligible				Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
	128 0 128 12 1536			1536	0	0	0	1536	44%	676			

Entity N Contact	lumber Person	132971 Candace Vande	rllp			• • • •	ant's Form Identi Number	fler <u>CESA2 :</u> (608) 758					
Instruc Make a	Block 5: Discount Funding Request(s) structions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. ake as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. RN #												
11 C	Category	of Service (only O		checked)	ATTENDED TO THE PERSON OF THE	15 Contrac "MTM" if mor	t Number (if ava th-to-month service:	ailable; use "T" if tariffed s as described in Instruc	tions)		rates (bills) = T		
		Application Nu			78450000323389	16 Billing Account Number (e.g., billed telephone number) 0002813890 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000							
		rvice Provider			0430000323303	18 Contract Award Date (mm/dd/yyyy)							
lo	dentificat	ion Number (9 d	gits)	1430039	52	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
						19b Service	End Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002		
14 S	Service P	rovider Name	Chorus Com	munication	ons Group LTD	20 Contrac	t Expiration D	ate (mm/dd/yyyy)					
21	Description			with an At	iption of the service tachment #, and no Service - #1	-		•	osts, plus any r	relevant bra	nd names. Label		
R		This Service:	this service :	Dane Cou	ocific (provided to o nty Office - 132971 by all entities on a		_	·	•	e entity froi	m Block 4 receiving		
23 C	Calculatio								1				
	A		ecurring Char		E	Nor F	-Recurring C	Charges II	T T	Total Cha	arges K		
Monthly (total an	A B C D E withly \$ charges How much of the \$ Eligible monthly amount in (A) is ineligible? Eligible monthly amount for eligible recurring charges (A minus B) Eligible monthly amount for eligible recurring charges (C x D) C D E Annual pre-discount months amount for eligible recurring charges (C x D) C D E C D E C D C D C D D E C D C D C D D E C D C D C D D E C D C D D E C D C D D E C D D D E C D D D E C D D D E C D D D E C D D D E C D D D E C D D D E C D D D E C D D D E C D D D E C D D D E C D D D E C D D D D E C D D D D D D D D D D D D D D D D D D					Annual non- recurring (one- time) \$ charges	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-tirne charges (F minus G)	Total program year pre-discount		Funding Commitment \$ Request (IxJ)		
1	15 0 15 12 18				180	0	o	0	180	44%	79		

	number ot Person	132971 Candace Vande	rlip			Applica Phone N	nt's Form identi umber	fler <u>CESA2 7</u> (608) 758					
instru	as many c	se one Block 5 p		rvice (Fun and numb	uest(s) Iding Request Numl or the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge31	of33		
11	Category	of Service (only C	NE category should be	checked)				ilable; use "T" if tariffed s as described in Instruct		Phone	rates (bills) = T		
(O Telecomn	nunications Service	Internet Acco	ess O In	nternal Connections		16 Billing Account Number (e.g., billed telephone number) 0003206467						
12	Form 470	Application Nu	mber (15 digits)	57	78450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000							
		rvice Provider ion Number (9 d	inita \			18 Contract Award Date (mm/dd/yyyy)							
	- Continues	nou ismunet (a d	igiis)	1430039	52	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
		·				19b Service I	end Date (mm/	(dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002		
14	Service P	rovider Name	Chorus Com	municati	ons Group LTD	20 Contract	Expiration D	ate (mm/dd/yyyy)					
21	Description This Serv			with an At	iption of the service tachment #, and no Service - #1			•	osts, plus any i	elevant bra	and names. Label		
	Entity/Ent Receiving		this service:	Dane Cou	ecific (provided to or inty Office - 132971 by all entities on a l		•			e entity froi	m Block 4 receiving		
23	Calculatio		Saurring Char			l Non	Decumina C	\hannaa I		Total Ob			
	A	В	ecurring Char C	D	E	F	Recurring C	H	I	Total Cha	rges K		
(total	thly \$ charges amount in (A) is ineligible? How much of the \$ Eligible monthly pre-discount amount for eligible amount (A minus B) (A minus B) How much of the \$ Eligible monthly pre-discount amount for eligible recurring charges provided in program year					Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	' '	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
	13	0	13	12	156	0	0	0	156	44%	69		

	Number ct Person	132971 Candace Vande	rlip				nt's Form Identi umber					
In st ru Make	Block 5: Discount Funding Request(s) Structions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Sike as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. (to be assigned by administrator) [15] Contract Number (if available; use "T" if tariffed services, OFF ACC 2100 of Lace 1100											
	_	of Service (only O						ailable; use "T" if tariffed as described in Instruc		CE	SA02-0102-g	
(O Telecomr	nunications Service	● Internet Acc	ess O Ir	iternal Connections	16 Billing Account Number (e.g., billed telephone number) CESA021					CESA021	
12	Form 470	Application Nu	mber (15 digits)	57	78450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000						
13		rvice Provider				18 Contract Award Date (mm/dd/yyyy)						
	Identificat	t ion Number (9 d	igits)	1430043	51	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
						19b Service I	End Date (mm/	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002	
14	Service P	rovider Name		WiscNe	t	20 Contract	Expiration D	ate (mm/dd/yyyy)				
21	Description This Serv		this description	with an At	iption of the service tachment #, and no CESA 2 - WiscNet			•	osts, plus any i	elevant bra	and names. Label	
22		This Service:	this service :	Milton Off		**************************************	-	•		e entity from	n Block 4 receiving	
23	Calculatio		ecurring Char	aes		Non-	Recurring C	Charges		Total Cha	raes	
	A	В	C	D	E	F	G	Н	I	J	K	
(total	hthly \$ charges amount of the \$ Eligible monthly amount in (A) is amount in (B) is ineligible? If for service amount in (B) is ineligible? If for service amount in (B) is amo					Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)		% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
5	43.17	0	543.17	12	6,518	0	0	0	6,518	44%	2868	

	y Number act Person	132971 Candace Vander	rlip				int's Form Identi lumber						
instr	ructions: Us as many c		age for EACH se	rvice (Fun and numbe	uest(s) Inding Request Number the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge33	of33		
i		of Service (only Of				•	•	ulable; use "T" if tariffed s as described in Instruc		Westosh	a Special Ed-0101-g		
·	O Telecomn	munications Service	Internet Acce	ass O In	nternal Connections			oer (e.g., billed telephor		We	estoshaSp1		
12	Form 470	Application Nur	mber (15 digits)	5	78450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000							
13		rvice Provider		<u> </u>		18 Contract Award Date (mm/dd/yyyy)							
ĺ	(Centilicat	tion Number (9 di	gits)	1430043	51	19a Service	Start Date (mm	n/dd/yyyy)		07/01/2	001		
						19b Service I	End Date (mm/	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002		
14	Service P	rovider Name		WiscNe	it	20 Contract	Expiration D	ate (mm/dd/yyyy)					
21	Description This Servi	on of rice:	this description v	with an Att	ription of the service ttachment #, and not WestoshaSpecialE	te number in s			osts, plus any i	relevant bra	and names. Label		
22	Entity/Ent Receiving	tities g This Service:	this service :	Salem Off	ecific (provided to or fice - 132971 by all entities on a E		-	·		e entity from	m Block 4 receiving		
23	Calculatio		ecurring Char		1	l Non-	Recurring C	harass		Total Che			
	A	В	C C	ges D	E	F Non-	G G	H H	I	Total Cha	arges K		
(total					Annual pre-discount \$ amount for eligible recurring charges	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
4	106.25	o	406.25	12	4,875	0	0	0	4,875	44%	2145		